Telephone 317 / 232-2430 Fax 317 / 233-6114 www.IN.gov/atc

Requesting Access or Copy of Public Record

| Pursuant to the Indiana Access to Public Records Act (Indiana Code 5-14-3), I, |
|--|
| (name) would like to INSPECT and/or OBTAIN A COPY OF (circle |
| the applicable) the following public records: |
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| *** Please describe the records sought with enough detail for the agency to be able to respond. |
| I understand that I if seek a copy of this record, ATC will charge .10 cents per page for standard sized copies. |
| |
| Date: |
| Name: |
| |
| Contact Information (in case we need to reach you for further information): |
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